

Helping the Healers by Supporting Secure Attachment Relationships with God

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Abstract

Christian counsellors, chaplains and psychologists are agents of the church's mission to heal. As such, they need psychological and spiritual resources to help them

maintain their own homeostasis whilst also offering healing to others. COVID-19 is a challenge not just to physical health, but to the psycho-spiritual health of everyone. In the context of the pandemic, a vital resource for Christian healers and those in need of healing is secure attachment to God. Attachment is a relational bond that functions to provide safety and security in contexts of threat. A believer's reported relationship with God includes features of attachment and can be assessed as secure or insecure. Secure attachment to God is associated with both psychological health and spiritual well-being. Thus, particularly during COVID-19 when human attachment relationships may be strained, churches should not only recognise and address material suffering but also support secure relationships with God. This paper uses both the literature on attachment to God and insights from Trinitarian theology to suggest ways in which churches can help their healers maintain secure attachment to God and thus resource them for their challenging but vital work.

Keywords: attachment to God, Trinitarian theology, psychological health, spiritual well-being,

The COVID-19 pandemic has devastated communities across the world in terms of loss of life and overwhelming the hospitals for the last two years. It has also produced adverse social effects such as the greatly reduced opportunity for people to meet with each other in various circumstances. It is this loss of social connection that has especially impacted the mental health of Australians. The inability of Christian believers to meet together in church and other settings has presented a further problem for them to receive the same level of spiritual nourishment as they had received previously. The first sections of this paper will examine the history of healing in the church, and the challenges presented by the pandemic for Christians in Australia, including both those seeking psychological and spiritual support, and for those Christian professionals and volunteers who work with those affected by these various challenges.

Healing in the Church

Jesus was and is the great healer. There are many examples in the Bible of Jesus healing the sick and those with congenital illnesses or demon possession in each of the four gospels. Jesus also gave the power to heal to his disciples (Mt.10:1; Acts 5:16). In the early centuries of the Christian church, healing practices followed Christ's example of

laying on hands for physical and spiritual or mental illnesses, including demon possession (Barrett-Lennard, 1994).

From the late 19th century, psychotherapy emerged as a discipline with Sigmund Freud's psychoanalysis at the forefront. His approaches to healing severe mental distress included such radical techniques as hypnosis and catharsis. American pastor and theologian Seward Hiltner (1958), and later British hospital chaplain Rev Louis Marteau (1973), who were influenced by Sigmund Freud's psychiatry and later Carl Rogers' person-centred psychology, worked to bridge the gap between these secular approaches and Christian approaches to counselling. Just as medicine is needed to cure much of modern sickness, social work for social concerns such as poverty and injustice, and individual psychology for working with the individual sufferer, the Holy Spirit heals a person's heart and soul. Since the early 1990s, US Professor in the psychology of religion, Harold Koenig, has studied the relationship between faith and recovery from both physical and mental illness. His extensive research has consistently found a positive relationship between healthy spirituality and sound physical and mental health (Koenig, 2005).

Hiltner (1958) was one of the first people to coin the term psycho-spiritual healing, describing a healing which has often been carried out by Christian counsellors, chaplains, psychologists, or other related professionals as agents of the church. The church as a healing community also plays its part by offering a relational space to heal: a space marked by safety, security, acceptance, and allowing people to be known and heard. Many churches also provide a space for community groups, not all of which are specifically Christian, such as parenting groups, ESL (English as a Second Language) or AA (Alcoholics Anonymous) groups, or GROW groups for mental health recovery, some of which are held in churches or church halls. There are also drug and alcohol residential rehabilitation services run by Christian organisations such as the Salvation Army, as well as outpatient services run by other Christian churches, and other spiritual support such as prayer, biblical counselling or confession.

Challenges Presented by COVID-19

Since March 2020, the impacts of COVID-19 in Australia have been spiritual and psychological as well as physical and medical. Some of the early economic impacts of the pandemic included a record fall in GDP and a 20-year high in unemployment (ABS, 2021).

And as we so often heard since early 2020, self-isolation has been required at various times to keep our society safe, but this can lead to a profound sense of social isolation, loneliness and mental health issues (AIHW, 2022). The rise in mental health problems since the start of the pandemic in Australia has been well documented. This has included increases in symptoms of anxiety and depression in the general public early in the pandemic in particular (Dawel et al, 2020), as well as increased substance use by existing users (AIHW, 2020). Studies also found large increases in mental health symptoms in Australian adolescents in particular (Werner-Seidler et al., 2020; Li et al., 2021). Another major concern has been domestic and family violence (DFV), which was flagged by the Federal Government as a risk early in the pandemic; the statistics have indeed shown evidence of increased levels of DFV since March 2020 (AIFS, 2020).

For Christians and other people of faith in Australia, lockdowns and other state-based measures aimed at reducing the spread of the virus have led to a decreased opportunity to attend church services, home-based Bible study groups and other communal religious activities. Whereas online church services, which for some churches pre-existed the pandemic, have continued to provide support to elderly, sick, disabled, and other Christians who have had difficulty attending in person with safety, for many this difficulty has often meant having to settle for meeting as a church community via zoom or just watching the service on YouTube. The richness of personal and spiritual encouragement by one's Christian brothers and sisters, particularly for younger Christians, has been greatly impacted by such restrictions.

Other Challenges for Mental Health Professionals

Because of COVID-related stress, there has been an increased demand for mental health services together with an increase in the severity of the presenting symptoms in those seeking such services. Examples of stressors that impact mental health include family tensions that may not result in violence but manifest in withdrawal and loss of engagement with other family members (Fotea et al., 2021), inability to attend funerals and so reduced opportunity to mourn in a healthy way, thus increasing the risk of dysfunctional grief and depression (Caycho-Rodríguez et al., 2022), and the vastly reduced capacity for people to engage in festive experiences including parties and weddings. From the last observation it appears that for many Christians an important issue during the pandemic has been the

deprivation of the ability to worship and to celebrate, whatever the occasion. This has had a profound impact on people's psycho-spiritual health. For example, in the state hardest hit by the pandemic, Victoria, there was a 22% increase in the number of phone calls to the Lifeline crisis counselling service during 2020. This included an increase in the number of calls related to threats of suicide (Lifeline, 2020).

These issues all present new challenges to counsellors and psychologists generally, with an increased workload for many, including having to provide counselling services over the internet, perhaps for the first time, with the accompanying problems of connectivity and stability of the online platforms such as zoom and skype, as well as reduced privacy, with many patients calling from home with other householders often able to see or hear these sessions. Another severe problem is vicarious trauma for counsellors, which is caused by having to work frequently with traumatised clients (Diehm & Roland, 2015).

COVID has, of course, also affected the capacity of those in the helping professions to maintain sound mental health themselves, reducing their ability to engage in healthy social and professional activities such as networking and supervision. All these issues suggest the importance of psycho-spiritual healing for Christian counsellors as well as for their clients.

Secure Attachment as a Resource for Healing

Much can be said about the challenges of COVID but it is important to propose some means of coping and healing. On the internet there are many tips for self-care and helping others but there is little information that has good theoretical grounding and empirical support, particularly theological and spiritual grounding and support.

Nonetheless, attachment theory is well attested and there is empirical evidence that attachment to God is an important healing resource. The next sections of this paper attempt to justify this claim and propose ways of applying insights from attachment to God to healers and their healing.

From the work of John Bowlby (1969), attachment is understood to be a biologically driven behavioural system with the goal of coping with threat. Attachment is secure when the attachment figure, the person sought under conditions of threat, provides safety and reduces the experience of stress. Markers of the securely attached child and adult include seeking closeness to others in times of threat, experiencing others as their safe haven and

secure base, expressing separation anxiety, and holding a positive sense of self and other regarding worthiness to be nurtured and capacity to nurture respectively (Ainsworth 1985; Bowlby 1969). Attachment is insecure when the attachment figure is experienced as unable or unwilling to provide nurture, giving rise to avoidant attachment, or inconsistent in providing nurture, giving rise to anxious attachment (Ainsworth, 1985). An important prerequisite for secure attachment is that the attachment figure is attuned to the needs of the other: empathically aware of the other's emotions and needs and oriented towards meeting those needs (Benjamin, 1995). Attachment bonds are important for providing physical safety, emotional regulation, and scope for autonomy and competence (La Guardia, et al., 2000; Schore, 2003).

The ways individuals experience attachment to others affect the outcomes of stress and trauma. There is a consistent relationship between insecure attachment and worse outcomes, and between secure attachment and better outcomes (e.g., meta-analyses by Woodhouse et al., 2015). Studies of long-term trauma, such as that caused by warfare and terrorism, show a relationship between insecure attachment and worse symptoms (Besser et al., 2009). These studies are relevant to people experiencing the stress and trauma of COVID where lockdowns and social isolation reduce access to attachment figures, including those who provide secure attachment bonds.

Just as parents, partners, friends, and mentors can be human attachment figures, God can be an ultimate attachment figure for Christian believers (Kirkpatrick, 1999), many of whom experience God as always present and close, providing safety at times of threat and a secure base for activities in the world (Kirkpatrick, 1992). Similarly, from Trinitarian theology, Christians understand God the Father as loving and self-giving, Christ the Son as knowing us intimately and empathising with our suffering, and the Holy Spirit as binding us to the Father in love (Gunton, 2002). However, both secure and insecure styles of attachment to God have been reported amongst Christian believers (Belavich & Pargament, 2002; Beck & McDonald, 2004; Rowatt & Kirkpatrick, 2002). Insecure attachment to God occurs when people experience God as unavailable (utterly holy and transcendent) or themselves as unable to be nurtured by God (perhaps because of perceived sinfulness).

There is growing evidence that attachment to God affects outcomes of stress. Insecure attachment to God is associated with the perception of greater stress and

psychological symptoms beyond the effects of human attachment relationships (Miner, 2009; Reiner et al., 2010). On the other hand, secure attachment to God amplifies the effects of secure parental attachments on outcomes of outpatients diagnosed with psychosis (Prout et al., 2012). Secure attachment to God is also associated with reduced psychological symptoms (Limke & Mayfield, 2011), and greater life satisfaction (Kirkpatrick & Shaver, 1990). Although secure attachment to God is psychologically healthy, there is a need to replenish spiritual resources to maintain healthy engagement in the world. As a spiritual resource, secure attachment to God promotes work engagement but, over time, engagement with work reduces spiritual resources (Bickerton et al., 2014). Thus, if Christians are to retain psychological health and well-being in times of stress, they must pay attention to their attachment relationship with God.

Insights from Trinitarian Theology

Although the main argument of this paper is based on psychological theory and research, it is also consistent with contemporary works in relational theology which deepen one's understanding of attachment to God. Some insights from Trinitarian theology of relevance to attachment include that God can be known relationally, God creates a relational universe, and God is attuned to the needs of people (Miner, 2007).

From relational theology there is the premise that God is knowable to some degree: understanding of God is not through projection or philosophy but God's actions in salvation history (Rahner, 1970). This proposition addresses the bias that God is cognitively knowable only (placing a premium on right belief) with the counter that God is known subjectively and relationally (see also La Cugna, 1991, Moltmann, 1981, and Torrance, 1996, for treatment of God as relationally knowable). Further, Colin Gunton (2002) argues that subjective, personal knowledge of God in the world transforms relationships and gives rise to objective knowledge of God: the actions of God in salvation history confirm the objective knowledge that God is love. That God is knowable relationally and is intrinsically love forms a basis for asserting that God can be an ideal attachment figure for humans. The intrinsic relationality of God leads to the next assumption that the universe itself is relational. Colin Gunton (1993) develops this argument by arguing that God's actions in the world reflect God's being as sharing a "dynamic mutual reciprocity, interpenetration

and interanimation” (p.163) but retaining the distinctiveness of Father, Son and Spirit by the role of the Spirit in maintaining and realising the particularity of all things. Hence, he concludes that the universe is marked by relationality: its Creator is a being-in-relation and all that is created likewise exists as uniquely itself because of its relationships. People are created in the image of God and share some of God’s attributes. Key attributes are Spirit and love. The Holy Spirit gives the gift of spirit, making people open to God, and love, enabling people to love others (Gunton, 2002). La Cugna (1991, p.288) holds that “Persons are essentially interpersonal, intersubjective. The doctrine of the Trinity is the sine qua non for preserving the essentially relational character of God, the relational nature of human existence, and the interdependent quality of the entire universe.” If the universe as a whole is relational, and people are created with the capacity to form loving relationships with God and others, then a further pre-requisite for secure attachment relationships is met.

A third theme from relational theology is that God is attuned to creation. Within the Godhead there is mutual attunement, seen most clearly in the Father, Son and Spirit suffering together at the Crucifixion. Gunton (2002) states that the Father commands and suffers the Son’s identification with humanity under judgment; the Spirit enables the suffering of the Son to be redemptive. This attunement within the Godhead reaches to humanity because, just as God suffers in the actions of Trinitarian members, so God is moved by human suffering. Gunton’s point is echoed by Miroslav Volf (1996) who writes of God’s embrace of humanity on the Cross. Their understanding of God is of Creator-Redeemer who is empathically aware of human emotion and need and is present with suffering humanity, offering solace and healing. Yet within this relation of attunement between God and persons, the distinctiveness of God and creation, and the mystery of God as never completely knowable are retained. These qualities of attunement within an attachment to God relationship are echoed in human-to-human attachment relationships in which the independence and ultimate unknowability of each in interaction are maintained.

Implications for Christian Healers

Christian healers experience the same stressors as other citizens living with COVID in the community. In addition, there is the stress of being a secure attachment figure for clients: providing empathy, helping clients down-regulate heightened emotions,

listening closely to their pain and providing emotional support for their healthy coping. Healers must pay attention to self-care as well as the care of others in order to be secure attachment figures.

Self-Care

In order to remain engaged with clients in healing work, Christian healers must maintain their own secure attachment to God (Stevens & Miner, 2017). As a form of relationship, attachment to God is not maintained by adherence to prescriptive beliefs or behaviours. Rather, it is maintained by making space for emotionally based experiences through practices of meditation, prayer and Bible reading. Meditation that supports secure attachment is cultivating awareness, or mindfulness, of God. It can include times of solitude in nature when we reflect on God, or spiritual journaling of our experiences of God. Prayers that foster secure attachment are not lists of petitions but involve adoration of God and listening for God's response. Attachment-related Bible reading is not the cognitive seeking of wisdom (valuable as it may be) but immersion in narratives that allow the reader to experience something of God's care and nurture. An example is the narrative of the Prodigal Son that reminds us of, and helps us experience, the Father's love and forgiveness.

Once there is a foundation of secure attachment to God, the healer can practise spiritual disciplines that help to maintain secure spiritual attachment. These are not prescriptive tasks but rather practices that are chosen to be appropriate for the individual's needs. Examples of spiritual disciplines such as those discussed by Tan and Gregg (1997) include solitude, mediation, surrender, repentance, contrition, service, and fellowship. Other means of maintaining secure attachment to God and spiritual resources are spiritual retreats, spiritual mentoring or supervision, and engagement with Christian communities such as churches or home groups. Concurrently with maintaining secure spiritual attachment, healers should also tend their human attachment relationships by repairing important but ruptured relationships and seeking nurture in stressful times from human attachment figures (see Stevens & Miner, 2017).

Care of Others

The healer becomes a figure with whom a client can become securely attached by consistent nurturing. Such nurturing involves being attuned to the emotions and needs

of the client, providing a space where emotions can be released safely through empathy, respect and unconditional regard (the Rogerian triad), and being a secure base from which the client can explore ideas, activities and relationships. In addition, the healer becomes a spiritual attachment figure by being attuned to the spiritual content of the conversation, providing safety for spiritual exploration, and explicitly and implicitly referring to God as a fully adequate attachment figure (Stevens & Miner, 2017). Such reference to God as our ideal attachment figure involves pointing to experiences where God is felt to be present, caring and supporting. The healer can also model spiritual nurturing by caring for clients as psycho-spiritual wholes.

However, some clients have insecure styles of human attachment and correspondingly insecure styles of attachment to God (see Proctor et al., 2009). Those with insecure-avoidant styles do not trust God's goodness, availability and willingness to nurture them. As a result, they seem to be detached from God, just as they are detached from people. They sense that God has abandoned them or at least is not interested in them. They may assert independence from God, minimising the relevance of God to their life, but display a defensive and shallow self-confidence through to consistent devaluing of oneself. Those with insecure-anxious styles do not experience themselves as worthy (through Christ) of God's nurture. They may experience God's protection and help but expect it to be withdrawn, thus sensing that God is inconsistent and unpredictable. The person can become preoccupied with their relationship with God, never feeling safe and secure with God and constantly concerned with failure and whether they merited God's attention.

In cases of insecure attachment to God, the healer firstly needs to repair human attachment relationships marked by avoidance or ambivalence. Then they provide corrective experiences of God to counter the negative working models (thoughts, feelings and experiences around perceived unavailability, abandonment, inconsistency etc.). For those with avoidant styles of attachment to God the cognitive-affective focus is on God's love; for those with anxious styles of attachment to God the cognitive-affective focus is on God's forgiveness and steadfastness (Stevens & Miner, 2017).

Implications for the Church as Healing Agent

Churches can promote secure attachment to God amongst healers and congregations in several ways. Those whose relationship with God is insecure are usually insecurely

attached to people, displaying detachment or anxious clinging towards others in the congregation. They are either not engaged in congregational activities (Kent & Henderson, 2017) or overly enthusiastic as a way of gaining approval from others; as such, they are the most difficult to support in fostering secure attachment to God. However, churches can accept and include those whose attachment to God is insecure. Leaders can model God's caregiving by being carers themselves. In the context of experiencing care within a congregation, members can absorb teaching about God as a nurturer and themselves as worthy of God's love in Christ. Through this combination of explicit teaching and implicit experiences of God's love, congregations can begin to sense God's presence and personal care (Hall, 2004). This secure attachment can then be expressed and further experienced in silence, congregational prayer, worship, and sacraments.

Conclusion

Attachment to God is an important foundation for works of healing by individuals and the church, especially during the stress and challenge of COVID. COVID has been experienced as a severe, unpredictable stressor that can directly elicit PTSD symptoms in patients and medical staff, as well as a range of mental health symptoms in those affected by social isolation and other measures designed to reduce its impact on communities. In addition to experiencing this COVID-related stress alongside community members, Christian healers face other stressors as they work in conditions of lockdown, economic uncertainty, and social tensions. Christian healers have had less access to face-to-face resources such as supervision and networking with colleagues and other Christians. This gap in potential resources highlights the importance of personal psycho-spiritual resources.

For healers, the resource of secure attachment to God is important in itself and because it is a foundation for accessing other spiritual resources that can need replenishing over time. It is also an important resource for clients and congregational members in their healing from the stresses and symptoms of COVID. Churches can intentionally support secure attachment to God by attending to relational issues within the congregation and promoting healthy experiences of God. Such work is fully consistent with contemporary Trinitarian theology.

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